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**REMARKS**

Claims 6, 8 and 11 are rejected, under 35 U.S.C. § 103(a), as being unpatentable over Exconde et al. '310 (U.S. Patent No. 5,496,310) in view of Kratsch et al. '350 (U.S. Patent No. 5,478,350). The Applicant acknowledges and respectfully traverses the raised obviousness rejection in view of the above amendments and the following remarks.

Turning first to the presently claimed invention, the Applicant notes that the pending claims cover a catheter which is to be inserted from outside of a body into a coelom with a distal end thereof reaching a target region while a proximate end thereof remaining outside of the body. The distal end of the catheter has an outer tube which is sufficiently small in size so as to be inserted into a blood vessel. A first inner tube, located within the outer tube, contains a forceps mechanism while a second inner tube, also located within the outer tube, contains an injection mechanism. The forceps mechanism has a first handling portion, at the proximate end thereof, and a grasping portion, at the distal end, and the grasping portion is configured to open and close in conjunction with manipulation at the first handling portion, and is capable of holding the target region accessed by the catheter while at least a leading end of the distal end of the outer tube remains inserted within the blood vessel.

The injection mechanism has a second handling portion, at the proximate end thereof, and an injection needle, at the distal end, with the injection needle configured to be moved forward to a position to so as to protrude from the distal end, and to be moved back into a retracted position stored inside of the distal end. The injection mechanism is capable of puncturing the target region with the injection needle and injecting injectant into the target region.

Turning now to the applied art, the Examiner states that Exconde et al. '310 discloses a injection mechanism which is capable of puncturing a target region and, thereafter, injecting an injectant into the target region. It is respectfully submitted that the mechanism suggested by the Examiner is not, in fact, disclosed as such by the Exconde et al. '310 reference. As shown in Fig. 1 and described in column 8, 9 lines 13-15 of Exconde et al. '310, an opening 13, into which a catheter 14 is inserted, is formed by partially transecting a bilateral duct. Since the opening 13, shown in Fig. 1, is larger than the diameter of the catheter, this would appear to

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mean that the opening 13 is not formed by puncturing with the catheter but is formed by some other procedure, although the Exconde et al. 310 reference does not provide any guidance concerning the same.

Moreover, if the opening 13 was, in fact, formed by puncturing a bilateral duct with the catheter 14, it is respectfully submitted that the size of the opening would typically be the same as, or slightly smaller than, the diameter of the catheter and the periphery of the opening should be drawn into the bilateral duct along the outer circumference of the catheter 14. In any event, based upon the Figures and associated disclosure of Exconde et al. '310, it appears that only the catheter 14 of Exconde et al. '310 actually passes through the opening 13 and communicates with the blood vessel, for example, while the outer guide tube 40 and the shaft 22 and the sleeve 68 all remain outside of and do not pass through the opening 13.

According to the presently claimed invention, the target region is accessed by the catheter while at least a leading end of the distal end of the outer tube remains inserted within the blood vessel. That is, the target region must be accessed by passing the catheter through an insertion, in a blood vessel and thereafter manipulating the catheter to a desired target region where the forceps mechanism can grasp and hold the target region, via the grasping portion, while the injection mechanism punctures the target region, via the injection needle, and injects the desired injectant into the target region. This all occurs while *the entire leading end of the outer tube remains inserted within the blood vessel*.

As the above feature fails are not in any way taught, suggested, disclosed or remotely hinted at by the applied Exconde et al. '310 reference, it is respectfully submitted that the presently claimed invention is patently distinguished over and from Exconde et al. '310.

In order to emphasize the above noted distinctions between the presently claimed invention and the applied art, the independent claims of this application now recite the features of "an outer tube being sufficiently small in size so as to be inserted into a blood vessel . . . the forceps mechanism having a first handling portion at the proximate end and a grasping portion at the distal end, the grasping portion being configured to open and close in conjunction with manipulation at the first handling portion, and being capable of holding the target region accessed by the catheter while at least a leading end of the distal end of the outer tube remains

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inserted within the blood vessel . . . Such features are believed to clearly and patentably distinguish the presently claimed invention from all of the art of record, including the applied art of Exconde et al. '310.

Turning now to the applied combination of Exconde et al. '310 with Kratch et al. '350, as mentioned above, it is respectfully submitted that an injection mechanism having an injection needle, as recited in independent claims 6 and 11 of the presently claimed invention, is not in any way taught, suggested, disclosed or remotely hint at by Exconde et al. '310. In addition, such feature is not in any way taught, suggested, disclosed or remotely hint at by Kratch et al. '350 either. Accordingly, even if Exconde et al. '310 and Kratch et al. '350 are properly combined with one another—and the Applicant does not concede this—it is respectfully submitted that the resulting combination would not be the presently claimed catheter, as recited in currently pending claims 6 and 11. In view of the foregoing, it is respectfully submitted that the raised rejection, in view of this applied combination of Exconde et al. '310 and Kratch et al. '350, should be withdrawn at this time.

Next, claims 7, 12-15 and 18 are rejected, under 35 U.S.C. § 103(a), as being unpatentable over Exconde et al. '310 and Kratsch et al. '350, as applied to claims 6 and 11, and in further view of Clement et al. '384 (U.S. Patent No. 5,350,384); claims 9, 16 and 17 are rejected, under 35 U.S.C. § 103(a), as being unpatentable over Exconde et al. '310 and Kratsch et al. '350 in further view of Haughton et al. '075 (U.S. Patent No. 5,376,075); and claim 10 is rejected, under 35 U.S.C. § 103(a), as being unpatentable over Exconde et al. '310 and Kratsch et al. '350, as applied in claim 6, in further view of Yoon '993 (U.S. Patent No. 5,921,993). The Applicant acknowledges and respectfully traverses the all of the raised obviousness rejections in view of the above amendments and the following remarks.

The Applicant acknowledges that the additional references of Clement et al. '384, Haughton et al. '075 and Yoon '993 may arguably relate to the features indicated by the Examiner in the official action. Nevertheless, it is respectfully submitted that the additional art of Clement et al. '384, Haughton et al. '075 and/or Yoon '993 fail to cure the above noted deficiencies of the base reference of Exconde et al. '310.

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With respect to the applied Haughton et al. '075 reference, it is respectfully submitted that this reference is not directed toward an injection needle but is, in fact, more particularly directed toward a trocar. It is respectfully submitted that a trocar typically serves as an injection path for a surgical instrument, such as an endoscope, during a surgical operation which utilizes an endoscope, and is attached to a body surface for injection of the surgical instrument from outside the body to inside the human body. The presently claimed invention, on the other hand, the injection needle, according to the presently claimed invention includes, a catheter which is inserted into the body as part of a catheter for injecting and injectant into a target region of the body and thus, it is respectfully submitted, it is completely different from the trocar arrangement disclosed by Haughton et al. '075.

In addition to the above, the presently claimed invention recites the features of a forceps mechanism for holding a target region and an injection mechanism for injecting an injectant into the held target region during the procedure. It is respectfully submitted that such configuration is not in any way taught, suggested, disclosed, or remotely hinted at by either Exconde et al. '310, Kratch et al. '350, Haughton et al. '075, Clement et al. '384 or Yoon '993.

In view of the above, the Applicant respectfully submits that the combination of the base reference of Exconde et al. '310, either alone or in combination with this additional art of with Kratsch et al. '350, Clement et al. '384, Haughton et al. '075 and Yoon '993, still fails to in any way teach, suggest or disclose the above distinguishing features of the presently claimed invention. As such, all of the raised rejections in view of the applied art should be withdrawn at this time in view of the above amendments and remarks.

If any further amendment to this application is believed necessary to advance prosecution and place this case in allowable form, the Examiner is courteously solicited to contact the undersigned representative of the Applicant to discuss the same.

In view of the above amendments and remarks, it is respectfully submitted that all of the raised rejection(s) should be withdrawn at this time. If the Examiner disagrees with the Applicant's view concerning the withdrawal of the outstanding rejection(s) or applicability of the Exconde et al. '310, Kratsch et al. '350, Clement et al. '384, Haughton et al. '075 and/or Yoon '993 references, the Applicant respectfully requests the Examiner to indicate the specific

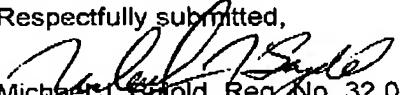
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passage or passages, or the drawing or drawings, which contain the necessary teaching, suggestion and/or disclosure required by case law. As such teaching, suggestion and/or disclosure is not present in the applied references, the raised rejection should be withdrawn at this time. Alternatively, if the Examiner is relying on his/her expertise in this field, the Applicant respectfully requests the Examiner to enter an affidavit substantiating the Examiner's position so that suitable contradictory evidence can be entered in this case by the Applicant.

In view of the foregoing, it is respectfully submitted that the raised rejection(s) should be withdrawn and this application is now placed in a condition for allowance. Action to that end, in the form of an early Notice of Allowance, is courteously solicited by the Applicant at this time. The Applicant respectfully requests that any outstanding objection(s) or requirement(s), as to the form of this application, be held in abeyance until allowable subject matter is indicated for this case.

In the event that there are any fee deficiencies or additional fees are payable, please charge the same or credit any overpayment to our Deposit Account (Account No. 04-0213).

Respectfully submitted,

  
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